



CITY AND COUNTY OF DENVER

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September 13, 2006

Victor Ketellapper, P.E.
Project Manager
U.S. Environmental Protection Agency – Region VIII
Superfund Program
999 18th St., Suite 300
Denver, Colorado 80202-2466

Dear Mr. Ketellapper:

The August 2006 monthly status reports for the VB/I-70 Community Health Program are appended. As always, please feel free to contact me if you have any questions or would like to modify the content, format, or distribution of future reports.

Sincerely,

A handwritten signature in black ink that reads "Martha F. Hoff".

Martha F. Hoff, CIH, CSP
VB/I-70 Community Health Program Administrator

Enclosures (5)

VB/I-70 CHP August 2006 Program Activities Report
VB/I-70 CHP Steering Committee Agenda and Notes (08/02/2006)
VB/I-70 CHP August 2006 Arsenic Data and Case Management Subcommittee Report
VB/I-70 CHP August 2006 Biomonitoring Subcommittee Report
VB/I-70 CHP Lead Data and Case Management Meeting Notes (08/14/2006)

cc:

Lorraine Granado – Cross Community Coalition
Beverly Lumumba, Ph.D. – Clayton Neighborhood Association
Michael Maes – Swansea Neighborhood
Gloria A. Shearer – Cole Neighborhood Association
Akwe Starnes – Whittier Neighborhood Association
Anthony Thomas – Civic Association of Clayton
Jim Weaver – Cole Neighborhood Association
Raquel Holquin – CEASE
Joan Hooker – Clayton Neighborhood Association

(via email only):

Sandy Douglas – Cole Neighborhood Association
Celia VanDerLoop – City and County of Denver, Department of Environmental Health
Alice Luhan – City and County of Denver, Department of Environmental Health
Gene Hook – City and County of Denver, Department of Environmental Health
Jason Salas – City and County of Denver, Department of Environmental Health
Beverly Tafoya-Dominguez – City and County of Denver, Department of Environmental Health
Jennifer Chergo – U.S. Environmental Protection Agency, Region VIII
Patricia Courtney – U.S. Environmental Protection Agency, Region VIII
Jane Mitchell – Colorado Department of Public Health and Environment
Mishelle Macias – Colorado Department of Public Health and Environment
Wendy Hawthorne – Northeast Denver Housing Center
Clementine Pigford – Northeast Denver Housing Center
Tonya Hope – c/o Northeast Denver Housing Center
Mark Anderson, M.D. – Denver Health and Hospital Authority/PEHSU
Chris Poulet – Agency for Toxic Substances and Disease Registry
George Weber – George Weber Inc. Environmental

**VB/I-70 Community Health Program
August 2006 Status Report
Program Activities Report**

August Activities and Tasks

Health Education and Community Outreach

Community Health Workers

- Continued canvassing activities (canvassing numbers through 08/31/2006 found at the end of this report)
- Participated in August biomonitoring clinic at Swansea Recreation Center
- Participated in weekly CHP meetings
- Continued biomonitoring clinic outreach tasks – phone calling, distribution of printed material, and reminder postcards

Program Management, Development, Administration and Community Partnership

- Real Estate and Contractor Outreach – real estate and contractor outreach summary found at end of this report
- Continued with newly revised and implemented phone survey evaluation project.
- Updated materials for canvassing packets (electronic and hard file copies)
- Obtained donated window to use for window cleaning demonstrations and hands-on training
- Continued with hiring process to add eight additional CHWs to program staff
 - Continued contract processing for five CHWs hired in July; completed corollary payment requisition process
 - Initiated payment requisitions and contracting processes for three additional CHWs hired in August
- Continued process to place existing CHWs on temporary employment contracts with the city so that independent contractor status is terminated
- Extended city employment offer to CHW Berenice Chaparro to fill Assistant Program Coordinator position; offer accepted
- Completed budget for NDHC contract amendment
- Worked to resolve community office data line issues
- Met with EPA and CDPHE to define post clean-up site parameters outreach approach
- See included Steering Committee Meeting Agenda and Notes for August 2, 2006 for committee activity

Biomonitoring

- See August Biomonitoring Subcommittee report, as submitted
- Provided bi-weekly high arsenic reports to CDPHE to assist in targeted arsenic biomonitoring
- Worked with NDHC to define layout and budget for Globeville clinic slated for 9/9/2006
- Developed flyers and posters for Globeville clinic event; distributed/posted
- Initiated use of clinic reminder postcards

Lead and Arsenic Data/Case Management

- Continued work with DHHA medical/mapping programmer to further develop VB/I-70 lead data maps
- See August Arsenic Data and Case Management Subcommittee report, as submitted
- See Lead Data and Case Management Subcommittee meeting minutes for August, as submitted

September Activities and Tasks

Health Education and Outreach

Community Health Workers

- Formalize outreach messages and dialogue pathways for post clean-up home visits
- Continue with canvassing, home visit evaluation, and data entry tasks
- Continue biomonitoring outreach tasks – phone calls, schedule distribution, etc.

Program Management, Development, Administration and Community Partnership

- Continue with home visit evaluation project; incorporate refusal survey process
- See Real Estate and Contractor Outreach Specialist's summary for projected September activities
- Train new CHWs; conduct refresher training for existing CHWs
- Continue to process temporary employee contracts for all CHWs; estimated contract date 10/01/2006
- Initiate amendment for NDHC contract; develop amendment budget for DHHA contract
- Complete final draft of second visit outline and materials
- Complete final draft of initial visit outline and materials – to reflect post clean-up outreach message

Biomonitoring

- See August Biomonitoring Subcommittee report, as submitted
- Continue with clinic outreach activities

Lead and Arsenic Data/Case Management

- See August Arsenic Data and Case Management Subcommittee report, as submitted
- Finalize QA review of year one lead data

Future Activities and Tasks

Health Education and Outreach

Community Health Workers

- As time permits, assist in developing methods to reach mothers with newborns; conduct focused “mini” outreach campaign if time permits
- As time permits, assist in developing “parent-pack” outreach materials
- Participate in training on second home visit content and post clean-up initial visit content

Program Management, Development, Administration and Community Partnership

- Define additional program outreach methods and audiences, as necessary
- Develop ongoing relationships between CHWs and assigned neighborhoods via weekly contact with neighborhood associations and organizations, as well as attendance at related meetings
- Evaluate and analyze program data; release first program year data and evaluation report
- Finalize second visit materials and conversation pathway
- Develop methods to reach mothers with newborns – early intervention focus.
- Develop “parent-pack” lead poisoning educational material.
- Develop/print folder and indexed dividers for outreach material.
- Develop, as necessary, new home visit outreach material with the Outreach Development Group

Residential Canvassing Statistics
Period Ending 08/31/2006
[Jay Salas – DEH]

Clayton				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
1021	464	519	35	2004

Cole				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
813	668	56	26	1537

Swansea/Elyria				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
550	351	63	6	964

Globeville				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
67	29	7	2	103

Curtis Park/5 Points				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
59	34	12	3	105

VB/I-70				
Not Home	Home Visit	Partial Visit	Access Agreement	Total Contacts
2510	1546	657	72	4713

Definitions

Not Home – a residence where contact was attempted, but no was at home

Home Visit – a residence where a *complete* home visit has been made

Partial Visit – a residence where a home visit is in process (a home visit not considered complete until all follow-up activity has been completed – phone call, EPA referral, additional information request, etc.)

Access Agreement – a residence where a soil sampling access agreement obtained by the CHW via home visit

Total Contacts – Sum of not home, home visit and partial visit contacts

**Real Estate/Contractor/Resident Outreach
August 2006 Activity Report
[Elizabeth Schiffman – DEH]**

August Status Report

- Continue mailing to realtors – **COMPLETE** (an additional 25 packets sent out)
- Mailing to contractors PDCA member listing – **COMPLETE** (50 packets sent out)
- Bi-weekly/monthly checks for further realtor mailings – **ONGOING**
- Housing inspector mailing lists compiled – **COMPLETE**
- Vendor identification for outreach and information – **ONGOING**

Goals for September

- Mail packets to housing inspectors
- Vendor outreach
- Complete assembly of event table
- Working group presentation

VB/I-70 CHP
Steering Committee Meeting Agenda and Notes
Wednesday, August 2, 2006

Agenda

1. Evaluation measures
2. Memorandum of Agreement
3. NDHC mini-investigations - update
4. EPA update
5. Community Health Education and Outreach – field activity update/hiring
6. Biomonitoring – subcommittee update
7. Arsenic Data and Case Management – subcommittee update
8. Lead Data and Case Management – subcommittee update
 - ◊ On-going lead data transfer State/DHHA
9. Medical Management – subcommittee update
10. Medical Provider Education – subcommittee update

In Attendance

Jane Mitchell (CDPHE), Mishelle Macias (CDPHE), Pat Courtney (EPA), Mark Anderson (DHHA), Jay Salas (DEH), Elizabeth Schiffman (DEH), Gene Hook (DEH), Martha Hoff (DEH)

Notes

Jane Mitchell and Martha Hoff will meet 08/10/06 to determine outline for the 2004-2005 annual program report. Martha indicated that lead data are nearly complete with respect to quality assurance review.

Pat Courtney will contact ATSDR regarding their agency's signature page. Pat indicated that EPA is focusing heavily on unsampled properties. Pat will email a list of unsampled properties to Jay and Jane to facilitate outreach and targeted biomonitoring. Soil sampling is no longer available, as of 07/21/2006.

Wendy Hawthorne asked if the Community Health Workers could increase their in-home outreach related to mini-investigations. Wendy also thought that it would be beneficial for NDHC to be able to contact interested homes directly, rather than waiting for the resident to call. Martha will create a referral form, with input from NDHC. Jay Salas will train the CHWs on using the referral form. All mini-investigations from program year one activities are complete.

Jay Salas provided an update on CHW canvassing activities, as well as recruitment and hiring. Martha indicated that all CHWs will be placed on temporary employment contracts in October, terminating independent contractor status.

Jane Mitchell gave an overview of biomonitoring activities, including planning and review meetings. Seven clinics are planned for September. Jane needs home visit data for select addresses; Jay will assist.

Mishelle Macias indicated that state lead data for Denver could be provided to DHHA, upon request, approximately every six months. Mishelle will need details on the data parameters relevant to DHHA and DEH needs. Gene Hook and Wendy will work with the data programmer and mapper at DHHA to identify a scope of work for the third year lead data and mapping component.

Mark Anderson presented VB/I-70 program information to the Presbyterian/St. Luke's pediatric group on 07/25/2006.

**VB/I-70 Community Health Program
August 2006 Status Report
Subcommittee Report**

Biomonitoring Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Linda Kauffman
CDPHE	Mishelle Macias – co chair, Lead
	Jane Mitchell – co chair, Arsenic
Community Technical Advisor	Michael Kosnett, MD (CEASE)
ATSDR	Chris Poulet
DHHA	Paul Melinkovich, MD
PEHSU	Mark Anderson, MD

Biomonitoring Subcommittee Tasks
<ol style="list-style-type: none"> 1. Identify and select preferred biological media and test methods for arsenic and lead biomonitoring. Complete 2. Recommend preferred methodologies for biological sample collection. Complete 3. Develop a quality assurance/quality control plan for biomonitoring program. 4. Identify and evaluate suitable laboratory protocols and assist with selection of acceptable analytical laboratories with a demonstrated ability to meet program data quality requirements. Complete 5. Develop required consent agreements to provide informed consent for community members considering participation in biomonitoring program. Complete 6. Coordinate with DHHA to address HIPPA concerns with blood lead biomonitoring activities and to provide required data confidentiality. Complete 7. Develop mechanisms to ensure the medical confidentiality of biomonitoring information. Complete 8. Ensure that appropriate state IRB reviews are conducted, if required, and coordinate with DHHA to determine need for COMIRB review. Complete 9. Interface with the community outreach and health education planning process as needed. Complete 10. Develop evaluation and reporting mechanisms, and schedule for biomonitoring issues, as requested by the steering committee. Ongoing 11. Report to the Steering Committee on progress, status, and issues requiring resolution. Ongoing

August Activities and Tasks
<p>During the month, biomonitoring staff tested children for lead at Swansea Recreation Center. Fourteen children and one pregnant adult were tested.</p> <p>Two in-home daycares were scheduled for lead testing, however no children were tested. One of the daycares scheduled the appointment, but parents did not want their children tested; the other daycare provider was not home at the time of the scheduled visit. Both daycares were given the clinic schedule and EPA FAQ forms to post or hand out to parent. Letters with a final offer for</p>

arsenic testing were mailed to targeted homes (high soil arsenic levels and known to have young children living in the home at the time they were visited by the CHWs).

September Activities and Tasks

Staff will continue lead testing at the scheduled September clinics. Staff will coordinate with DEH and other steering committee members to develop an outline for final program reporting and evaluation tasks.

Future Activities and Tasks

Staff will continue to update lead and arsenic information relating to clients tested at the biomonitoring clinics or follow-up from arsenic testing and outreach. Staff will coordinate with DEH to complete final program reports and evaluation.

**VB/I-70 Community Health Program
August 2006 Status Report
Subcommittee Report**

Arsenic Data and Case Management Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
CDPHE	Jane Mitchell - chair

Arsenic Data and Case Management Subcommittee Tasks
<ol style="list-style-type: none"> 1. Identify and select preferred reporting methods and format for arsenic data. [Complete] 2. Develop a quality assurance and quality control plan for arsenic data management. [Complete] 3. Develop a secure database system to assist with arsenic data management, reporting, and tracking. [Complete] 4. Develop acceptable case tracking protocols. [Complete] 5. Develop case coordination protocols. [Complete] 6. Identify appropriate trigger levels for case management and case coordination. [Complete] 7. Develop evaluation and reporting mechanisms, and schedule for arsenic data and case management issues. [Complete] 8. Report to the Steering Committee on progress, status, and issues requiring resolution. [On-going]

August 2006 Activities and Tasks
Result letters were mailed to program participants. Final contact letters were sent to target homes that staff could not contact by phone informing them of program services available through the end of August 2006.
September 2006 Activities and Tasks
Work with DEH and steering committee members to develop evaluation measures to be included in the final program report.
Future Activities and Task
Attend program meetings as requested. Complete requested data summaries and evaluation measures for incorporation into the final program report of biomonitoring activities.

Lead and Case Management Data Work Group

Meeting Minutes

August 14, 2006

Present: Marti Potter – chair, Mark Anderson M.D, Martha Hoff, Rashonda Gordon, Kevin McCullen ,
Sondra Touris, Jessica Luna

<u>Issues/Discussions</u>	<u>Actions/Decisions</u>	<u>Responsible Person</u>
Referrals to NDHC	<ol style="list-style-type: none"> 1. Katie (NDHC) has requested a list and results of all clients screened in the VBI-70 Lead Project. Gene and Martha to follow up with Katie. 2. Rashonda currently refers clients with a capillary lead level of >5 to Wendy. 	Gene Hook Martha Hoff
MedTox	<ol style="list-style-type: none"> 1. Sondra has suggested other methods of collecting capillary samples to decrease/eliminate QNS samples. MedTox's process is to collect samples on a filter. 2. Sondra to randomly inspect filters. 3. One child has not been invoiced through MedTox. Sondra and Jessica will collaborate to insure exactness. 4. Filters and documentation not arriving to the DHHA Laboratory simultaneously. Sondra to alert Mishelle if this continues. 	Sondra Sondra and Jessica
QNS samples	<ol style="list-style-type: none"> 1. Jessica to notify Jane Mitchell of elevated QNS samples. 2. Two QNS samples in June, Rashonda to refer them to Mishelle(in home screening). 	Jessica Rashonda
Case Management Reports	<ol style="list-style-type: none"> 1. Gene and Martha to discuss reporting criteria with Kevin. 	Gene, Martha and Kevin
Lead Patient Information	<ol style="list-style-type: none"> 1. Pending, minor alterations need to be made. 	Marti
VBI-70 Lead Clinics	<ol style="list-style-type: none"> 1. 7/8 VBI-70 Lead Clinics will take place in September. 	

NEXT MEETING
September 11, 2006 12n-1pm
CHS Large Conference Room